

Effective July 1, 2007, the Delaware Board of Medical Practice, in accordance with 24 Del. C. § 1720 (b) (6), requires a criminal background check on all applicants for licensure.

Instructions for Requesting a Criminal Background Check
Both state and federal criminal background checks are required of all applicants.

- Instate Applicants - Call **1 (800) 464-HELP (4357)** to schedule an appointment if using New Castle or Sussex Counties locations. No appointments are needed at the Kent County location.
- Out-of-state Applicants – You can be fingerprinted by your local police agency. All types of fingerprint cards are accepted. If your local police agency cannot provide a fingerprint card, call **(302) 739-2134** to request a fingerprint card. Send your *Authorization for Release of Information* form and fingerprint card to the Kent County – Primary Facility below.
- One location in each county:

Kent County – Primary Facility

Delaware State Police Headquarters
1407 North DuPont Hwy – PO Box 430
Dover, DE 19903-0430

Walk-ins accepted

Customer Service: 302-739-2134

Kent County Hours of Operation

Monday: 9am – 7 pm
Tuesday – Friday: 9am – 3pm

New Castle County - Satellite Facility

State Police Troop Two
100 LaGrange Ave
Newark, De 19702
(Between Rts. 72 and 896 on Rt. 40)

By appointment only

Scheduling: 302-739-2528 (local)
1-800-464-4357 (toll free)

Sussex County – Satellite Facility

Delaware State Police Troop Four
South DuPont Hwy & Shortley Rd.
Georgetown
(Across from DelDOT & the State Service Ctr.)

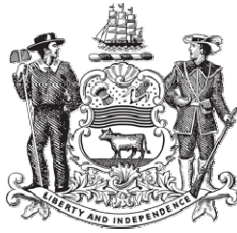
By appointment only

Scheduling: 302-739-2528
1-800-464-4357 (toll free)

IMPORTANT: Take the completed AUTHORIZATION FOR RELEASE OF INFORMATION form to one of the offices listed above with the correct payment of \$69.00 to cover both the State and Federal criminal checks. Prices are subject to change, so contact the agency where you plan to submit your forms for current fees. Cash, money orders and credit cards other than American Express are accepted. *Personal checks are not accepted.*

⇒ ***Allow four weeks for receipt of results.***

DO NOT SEND THE FORM OR FEE TO THE BOARD OF MEDICAL PRACTICE OFFICE.



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE

DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

DELAWARE BOARD OF MEDICAL PRACTICE
AUTHORIZATION FOR RELEASE OF INFORMATION

CRIMINAL HISTORY RECORD CHECK
USE FOR APPLICANT PURPOSES

(PLEASE PRINT OR TYPE ALL INFORMATION IN BLACK INK)

REASON FOR REQUEST: Delaware Board of Board of Medical Practice - License Application

LAST NAME _____ FIRST NAME _____ MI _____ SUFFIX _____

ALL OTHER NAMES USED IN THE PAST:

1. _____
2. _____
3. _____
4. _____

MAIL THE RESULTS OF MY CRIMINAL HISTORY REQUEST TO:

THE ADDRESS I HAVE DESIGNATED BELOW:

Delaware Board of Medical Practice
861 Silver Lake Boulevard - Cannon Building
Suite 203
Dover, DE 19904 SLC - D420A

AUTHORIZATION TO RELEASE INFORMATION:

As an applicant, I authorize release of any and all information that you have concerning me, including **CRIMINAL HISTORY RECORD INFORMATION** and other information of a confidential or privileged nature. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

SIGNATURE OF PERSON PRINTED: _____
DATE: _____

Telephone Number Home: _____ Work: _____

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.